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CLIENT/MATTER NO.: 26965-3114

DATE: Wednesday, July 19, 2006 08:12:32 PM

TO THE FOLLOWING:

NAME: USPTO General No.

COMPANY: USPTO

FACSIMILE NO.: 1 571-273-8300

COMPANY NO.:

FROM: Mark Bergner

DIRECT DIAL NO.: 312.258.5779

Transmission consists of cover sheet plus 13 pag e(s).

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COMMENTS:

APPLICANT: Torsten Niederdrank

DOCKET NO:

P04,0027

SERIAL NO.: 10/777,241

ART UNIT:

2615

FILED: February 12, 2004

EXAMINER:

Swerdlow, Daniel

CONF. NO.: 4504

TITLE: Data Transmission Device for Hearing Aids

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(312) 258-5779

SCHIFF HARDIN LLP

PATENT DEPARTMENT

6600 SEARS TOWER

233 SOUTH WACKER DRIVE

CHICAGO, ILLINOIS 60606

In re application of: Tarsten Niederdrank

ATTY. DOCKET NO.: P04,0027

Serial No.: 10/777,241

GROUP ART UNIT: 2615

Filed: February 12, 2004

EXAMINER: D. Swardlow

For: DATA TRANSMISSION DEVICE FOR
HEARING AIDS

CONFIRMATION NO.: 4504

AMENDMENT A

Commissioner for Patents

PO Box 1450

Alexandria, Virginia 22313-1450

SIR:

Transmitted herewith is an amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below.

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	(6) RATE	(7) ADDITIONAL FEE
TOTAL CLAIMS	11	MINUS	**20	X	() X 25.00 () X 50.00	
INDEP. CLAIMS	1	MINUS	3	X	() X 100.00 () X 200.00	
Application amended to contain any multiple dependent claims not previously paid for.				() YES () NO	() \$180.00 () \$360.00 ONE TIME	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						\$0.00

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 2.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20 write "20" in this space.

- ☐ Applicants petition the Commissioner of Patents and Trademarks to extend this time for response to the Office Action dated _____ for _____ months so that the period for response is extended to _____. A check in the amount of \$_____ is attached to cover the cost of the extension. Any deficiency or overpayment should be charged or credited to deposit account No. 5015 19. A duplicate copy of this sheet is enclosed.
- ☐ A check in the amount of \$_____ is attached.
- ☐ A check for \$_____ accompanying IDS under 37 CFR 1.97(c) is attached.
- ☐ A check for \$_____ and Petition for Consideration of IDS under 37 CFR 1.97(d) is attached.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required, or to credit any overpayment to account No. 5015 19. A duplicate of this sheet is enclosed.
- When phoning re this application, please call (312) 258-5779.

SCHIFF HARDIN LLP (Customer Number: 26574)
Patent DepartmentBY Mark Begner (42,877)

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this correspondence is being telefaxed to the U.S. Patent and Trademark Office telephone number 571-273-8300 and addressed to: Mail Stop Amendment Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450 on July 19, 2006.

Mark Begner

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Appl. No. 10/777,241
Reply to Office Action of April 19, 2008

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

AMENDMENT A

APPLICANT: Torsten Niederdrank DOCKET NO: P04,0027

SERIAL NO.: 10/777,241 ART UNIT: 2815

FILED: February 12, 2004 EXAMINER: Swerdlow, Daniel

CONF. NO.: 4504

TITLE: Data Transmission Device for Hearing Aids

5 Mail Stop Amendment
Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450

Dear Sir:

10 In response to the Office Action dated April 19, 2008 ("OA"), please
amend the above-identified application as follows.

Amendments to the Claims are reflected in the listing of claims which
begins on page 2 of this paper.

Remarks/Arguments begin on page 4 of this paper.